

Get a discount on your electric bill!

- **California Alternate Rates for Energy (CARE)** provides a 20% discount on your electric bill – every month for income qualified customers.
 - **Family Electric Rate Assistance (FERA)** program offers a discount to qualified households of 3 or more that exceed their baseline electricity usage by 30% or more.
- Review the chart below, and if you think you may qualify, complete and return the attached application or call us (see reverse for telephone number).**

CARE/FERA Program

Maximum Household Income
(Ingreso Máximo en el Hogar)

Effective as of June 1, 2004

Number of Persons in Household	Total Combined Annual Income	
	CARE	FERA
1-2	up to \$23,400	Not eligible
3	up to \$27,500	\$27,501 - \$39,300
4	up to \$33,100	\$33,101 - \$47,400
5	up to \$38,700	\$38,701 - \$55,400
6	up to \$44,300	\$44,301 - \$63,500
Each additional person	\$5,600	\$5,601 - \$8,100

Entire application must be completed and signed. Application effective as of June 1, 2004.

RATE DISCOUNT APPLICATION

I certify:

- The Edison bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Edison.
- The definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your income.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Disability payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest or dividends from:
savings accounts,
stocks or bonds, or
retirement accounts | <input type="checkbox"/> Scholarships, grants, or
other aid used for living
expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Profit from self-employ-
ment (IRS Form 1040,
Schedule C, line 29) | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Child support |
| | | <input type="checkbox"/> Pensions | <input type="checkbox"/> Spousal support |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other income |

You will be enrolled in either the CARE or FERA program depending on your household income and household size.

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Your Name, as shown on Edison Bill (Su Nombre)

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP Code (Codigo Postal)

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

Edison Service Account No.
(No. de Cuenta de Servicio de Edison)

Your Gas Company Account No.
(No. de Cuenta de Servicio de su Compañía de Gas)

Number of persons in my household (Nº de personas en el hogar):

Total combined annual household income (Ingresos totales al año):
See Maximum Household Income chart above.

Adults (Adultos) Children (Niños) Total

+ =

\$

I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance programs.



Customer Signature (Firma del Cliente)

Date (Fecha)

Other Programs and Services You May Qualify For: LIHEAP (Low Income Home Energy Assistance Program) provides bill